PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

UOFMD.006 A

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE O			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			81				Г	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA	В	ASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			€ \ minus 20=		* 6\			X\$ 9= ⟨	5490		X\$18=	
INC	EPENDENT CL	AIMS	7 minus 3 =		4			X40= ,	160.0	OR	X80=	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					+135=	> 109:	OR	+270=	
* If	the difference	in column 1 is	less than ze	ro, enter	"0" in c)" in column 2		TOTAL	1064	OR	TOTAL	
	С	LAIMS AS A	MENDED - PART II						4004	,	OTHER	THAN
	(Column 1) (Column 2) (Column							SMALL E	NTITY	OR	SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	CLAINA	=		X40=		OR	X80=	
	THOTTMESE	WATON OF IN	JEHFEE DEF	EINDEINI	CLAIIVI		¹ [+135=		OR	+270=	
							L 45	TOTAL			TOTAL	
		(Column 1)		(Colur	mn 2)	(Column 3)		DIT. FEE		,	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA	ΙГ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 15	Minus	** \	51	= 1		X\$ 9=		OR	X\$18=	
	Independent	. 4	Minus	***	<u> </u>	=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
							L	+135=		OR	+270=	
							AD	TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE	
_		(Column 1)	- The state of the	(Colur		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA	IF	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	1	X40=			X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM] -			OR	7.00=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								-135=		OR	+270=	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ADDIT. FEE	
	The "Highest Num	mber Previously Pai	d For" (Total or	S SPACE I	s less tha ent) is the	n 3, enter "3." highest numbe		In the app	ropriate box			